

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-873)

SERIAL NO.

09802127

FILING DATE

03/06/01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		1				
5						
6	1		1			
7		1				
8				1		
9		1				
10				1		
11		1				
12				1		
13		1				
14				1		
15		1				
16				1		
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26				1		
27		1				
28				1		
29	1		1			
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42				1		
43		1				
44				1		
45		1				
46				1		
47		1				
48				1		
49		1				
50				1		
TOTAL IND.	3		1			
TOTAL DEP.	27		12			
TOTAL CLAIMS	30		13			

	A		B		C	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS